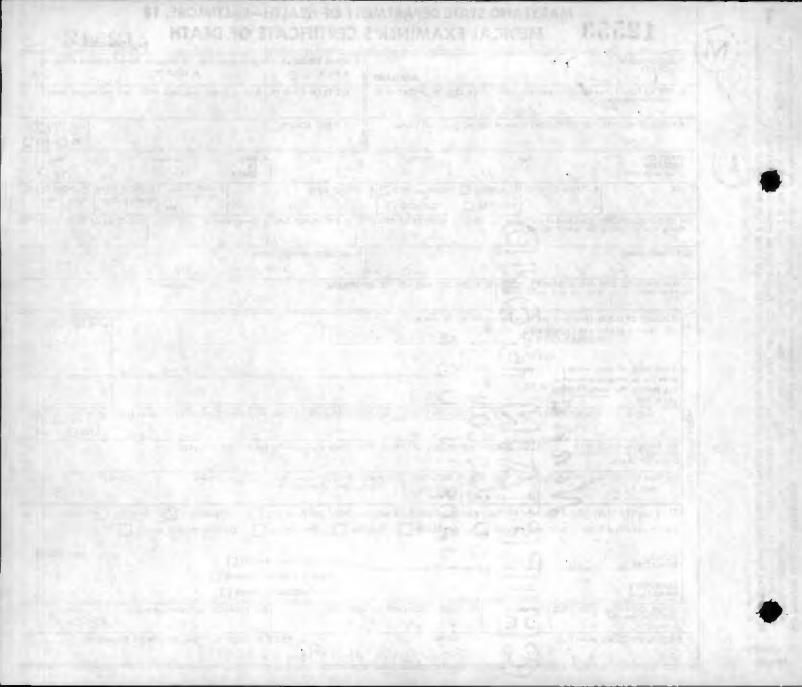
1			MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE	, 18
6 g c	1			CERTIFICATE OF DEATH	Region No. 12
atio atio	[M		Inf. from birth ce	2. USUAL RESIDENCE (Where deceased lived. If Inst	
should t	A	1"	COUNTY	G. STATE b. COUR	1 / /
		Ь	CITY OR TOWN IT outside Corporate limits, write-RURAS C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF auticle corporate limits, wr.	ite RURAL and give nearest town)
cessary, Page	11		and give protest region // Cata Mix	X Mewl	reef.
lay is ne director files. sr prior t	00	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
and dela	1)	4	TAME OF PRINT PRIN	Lost Twin 4. DATE MO	onth Day Year
h. If a the free the		5. 5	6. COLOR OR RACE 7- MARRIED NEVER MARRIED . 8. D	PATE OF BIRTH 9. AGE (In years lost birthday) y1	Months Days Hours Min.
nd 3 th		10o	USUAL DCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY uring most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
rs afte		13.	FATHER'S NAME	A. MOTHER'S MAIDEN NAME	12 20
d hour ages 1		15.	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. NAF	9 4 6 6	no III sel Car
thin 2		[Yes	7/6. yr unknown) [If yes, give war or datet of seryfas]		
18. (18. Christian P.M.)		6	1B. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	set U	ONSET AND DEATH
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oil in			Conditions, if ony, which gove rise to immediate course DUE TO	w V4 mg	145
hould n penci alang a buria			(c), stoting the underlying DUE TO		
ng ii Office	0	VIION	GART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION C	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
pendi ner s be use	~	CERTIFICA	PRIMARY LL or CONTRIBUTING LI	er noture of injury in Port I or Port II of item 18.	
This xam			CAUSE OF DEATH.		
the we lical E		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not while foctory of work of work	Of INJURY (Home, form, , street, office bldg., etc.)	(County) (Stote)
Medi Medi Page)		21. 1 certify that I took charge of the remains described above	e, held an Autopsy 🔲, Inspection 🛭	Inquiry , and find that
Chief CTOR:	-		death resulted from: Natural causes . Accident . Suicident . Suicident .	de 🔲, Homicide 🔲, Undetermined	cause .
Safe, CT	•		ACTUAL ROLL OF BERNE	No. of the latest than the same of	DATE SIGNED
A STATE OF THE STA			SIGNATURE / C / CCC	M.D. CHIEF MEDICAL EXAMINER	. ,
the ce			EXAMINER'S NAME (Type) F. J. F. D. F. G. F. J.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	11-16-60
O SO	5	230	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CE	REMATORY 22d. LOCATION (City, town	n, or county) (Stole)
	-0	23.	FONEIAL DIRECTOR'S SIGNATURE ADDRESS ,	2 249/REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE
V\$. A15ME(5) 5M 9/55	PA	/	gulant me Lapla	or USA war as in	Inthus & trans
		4	100172XVV		



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
6 R 2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
of of o	125.34 Inf. from birth certificate Reg. Dist 12543	
should by	ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) O. STATE D. COUNTY MARYLAND	
20 3 (144)	CITY OR LOWN III outside corporate limits, write RURAL and give nearest town)	
necessary.	the local and the later of the	
to the second	NAME OF HOSPITAL OF INSTITUTION (If not in lifespital, give street address) d. STREET ADDRESS le. IS RESIDER ON A FAR	
Files.	/ CGI / Celles / fort /	
uny del	HAME OF LOST TWIN 4. DATE Month Day Year Pipe or print) / Clay (1/2) / Last Twin 4. DATE OF DEATH // 19 6	-/
= 9 2 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In/seca Int Under 1/4 Int Days Hours Min.	HRS.
S to the with the	WIDOWED DIVORCED VI.	
ar de aret de	USUAL OCCUPATION (Giver kinds of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stote or Toreign country) Mary Land	ЛКТ
2, c	PATHER'S NAME 14. MOTHER'S MAIDEN NAME	P
S m S	Much a Car / Course & Dollares Grange Still	co
Poge Poge	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	
Giring W. G. J.		
ed w	18. CAUSE OF DEATH [Enfor only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY:	
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e exec in fle with for	Conditions, if any, which by Altatation 2 4 MM	
pencil pencil dong buriol	gove rise to immediate cause (a), stating the underlying DUE TO	
15 E O	COULD JOH. (c) (c) (ART. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOR	
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d by	PRIMARY TO TO CONTRIBUTING TO CAUSE OF DEATH.	
ER: This word of Exam	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pactory, street, office bldg., etc.) (County) (Slater)	te)
(AMINE ling the Medico Page 3	p. m. 19 of work at work	
ritin ef M	21. I certify that stack charge of the remains described above, held an Autopsy Inspection . Inquiry and find death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	that
18 % S S S S S S S S S S S S S S S S S S	death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined cause	
MEDICAL EX prificate, wni to the Chief L DIRECTOR: I.	ACTUAL SIGNATURE DATE SIGNET)
> 0 3 € 5.	EXAMINER'S / F T & S & ASSISTANT MEDICAL EXAMINER []	
FPUTY reded NERAL	NAME (Type) / DEPUTY MEDICAL EXAMINER D	6/
03.00	AURIAL EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	-
VS. ATSME(S)	NOVERAL DIRECTOR'S SIGNATURE ADDRESS	
2SV6 WS	weller the office to pare to 210 210 Circling S. Thous	
	200173XVV	

SECOND IN ---

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 12555 Reg. Dist N2.544 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Charles a. COUNTY o. STATE filed MARYLAND Maey Land Charles Pro b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) è RURAL and give nearest town) should Eenwi ek d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D in b NAME OF First 4. DATE Middle Lost Month Day Year DECEASED 11-25-61 DEATH (Type or print) Althem May Day 19 6. COLOR OR RACE P. AGE (In years 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 6-21-1916 Months Days Hours DIVORCED | WIDOWED T Female yrs. 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? Housewife Washington D.C. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Rodger Thompson Zoe Flovd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Elizabeth Webb-(Sister) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Myocardial Infarction DUE TO à Myocarditis Acute 10-Day Conditions, if ony, which gove rise to immediate ₹.5 DUE TO cattle (o), stating the under-Indefinite (c) Hypertension 75 lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NOT Emotional Instability 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. Doy. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o. m. Not while 19 at wark at work p. m. . 19 to 11-25-61 21. I certify that I attended the deceased from 11-4-61 ____, 19_____that I last saw the deceased detached alive on 11-26and that death occurred at 6-00 AM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL pe prior Indian Head Md P 20 PHYSICIAN'S NAME (Type) registrar James E. Andrews 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) he 1AL

ADDRESS

24a. REC'D BY REGISTRAR

DATE

2 8 '61

24b. REGISTRAR'S SIGNATURE

Common S. Throws

death. within 2 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

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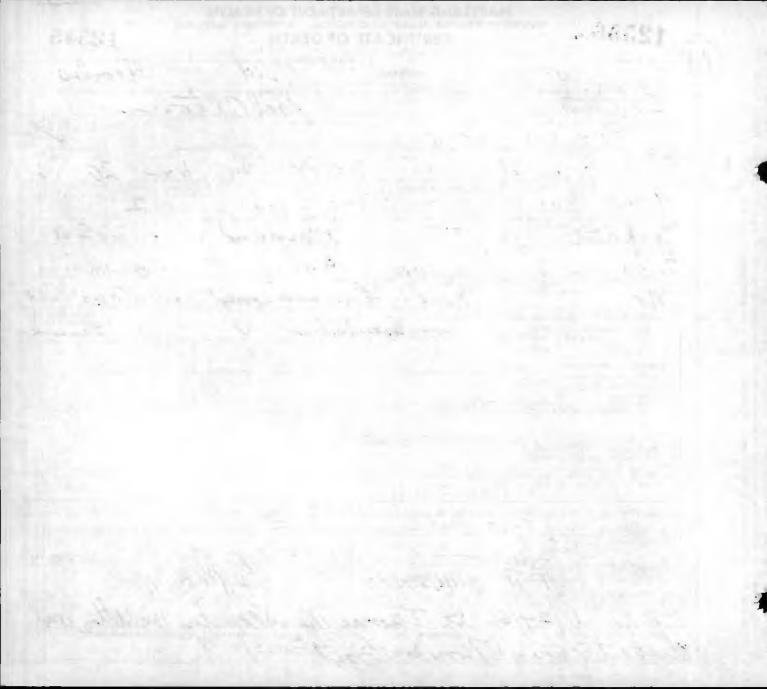
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MARYLAND STATE DEPARTMENT OF HEALTH

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N	OF	STATISTICAL	RESEARCH	AND	RECORD	s —	BALTIMORE	1,	M
		CEI	RTIFIC	ΔTE	OF I	DEA	HTA		

1		AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	L2545
	PLACE OF DEATH Color MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Religional o. STATE b. COUNTY	e before admission)
	b. CITY OF TOWN (If pyride corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negret town.	c. CITY OR TOWN (If poutside corporate limits, write RURAL and gi	ve negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF MALE LEVEL LEVEL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Source (Type or print)	DORSEY 4. DATE OF DEATH NOW	20 196/
5.	SEX / Wall 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	or parte of pixiti	YEAR IF UNDER 24 HRS. Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	11. BIRTHPLACE (State of Toreign country) 12. CITIZ Murylling - 2	I, S.a.
13.	Troncis L Dorsey	14. MOTHER'S MAJOEN NAME	Heins
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY \$40. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Francis Doney Charlotte	Hall Uce
	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under: lying couse lost. [b] DUE TO (c)	vertrition (INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 2040SE OF DEATH	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ED. (Enter noture of injury in Port I or Part II of item 18.)	1(d) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	LACE OF INJURY (Hame, farm, 20f. (City or town) (Coory, street, office bldg., etc.)	ounty) (Stote)
	22a. SIGNATURE	death accurred at 54. M. from the causes and an the M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	/
	postial, cremation 236. Date thereof 23c. Name of cemetry of Scrivial 11/24/6/ St. Chos	man Manor Cemeter Belde	ton ms.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	La Classes REC'D BY REGISTRAR JOSE REGISTRAR'S SIG	TALL



VR A15 (4) 1SM 9/S9 12557

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12546

1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE PROVIDED b. COUNTY CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give near slown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OPPISITUTION OPPISITUTION OPPISITUTION OPPISITUTION OPPISITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NORMAN RUSSELL	FORD OF DEATH NOW 2/ 196/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	JAN. 19, 1960 lost birliday) yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of regime of relired)	MARYLAND U.S.A.
Thomas William FORD SR.	14. MOTHER'S MAIDENTNAME Elsie Cecelia Miles
(Yes, no, or Minostro) (If yes, give war or dates of service) NONE	MOMAS W. FORD, Mt Victoria, Md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o)	ystion ayndrona interval Between onset and Death uncell,
2.89.2 Conditions, if any, which gave rise to immediate cause (a), stating the under-	al defect in metabolian 22 mois
lying cause lost. (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 206. DESCRIBE HOW INJURY OCCUR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Haur o. m. 19 While of work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 11-2-0 19-6/ and that	death occurred at M.M. from the causes and on the date stated above.
220. SIGNATURE Profiluso.	M.D. ATTENDING CONTROL STAFF //- 2/- 6 SIGNED
22c. PHYSICIAN'S FM (JOHNSON KL	D 22d. ADDRESS Sa Plata, Mrd.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BOOK AL Specify 1/-22-6/ HOLY 61	HOST CEM. ISSUE, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WALD	250. REC'D BY REGISTRAR 251. REGISTRAR'S SIGNATURE DATENOV 2 4 '61 Cutlum & House

CHARLES MARCLES

LA VIATA

THY VIATA

THYSICIANS MEMORIALHESP

NORMAN RUSSELL

MARCHE NORCE

THAN 19, 1960

LONG

THOMAS WILLIAM FORD SR. Elsis Receive Miles

NORKE THOMAS W. FORD, TR. MILES

MONE THOMAS W. FORD, ME Victoria, Md.

WEAST P

RURIAL 11-22-El HELY GHEST CEM. ISSUE, MARYLAND FUNTT FUNCAL HEME, WALDERS MA

MARYLAND STATE DEPARTMENT OF HEALTH ivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission e. COUNTY necessary, ector, Page b. COUNTY MARYLAND b. CITY OR TOWN (it gutside corporate limits, write RORAL and give nearlist town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Kewside corporete | mils, write RURAL end give neerest town) director. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) jo e. IS RESIDENCE ON A FARM? ivsicans ..e oria YES NO 7 3. NAME OF Year DECEASED OF (Type or print) DEATH 5 SEX 6. COLOR OR RACE B. IF UNDER 24 HILS 7. MARRIED WEVER MARRIED AGE (In years | IF UNDER I YEAR last of thdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Relined pages 1 within 170 Ď U. 3 . . . PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Isacc Fuller FIG Lenora Landers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no. or unkown) (If yes give weror detes of service) Mrs. Rose Fuller-23 Vly Road 18. CAUSE OF DEATH Enler only one cause per line for (e), (b), end (c). e along I-transit i PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be Office 2 DUE TO Conditions, if eny, which (b) "pending" gave rise to immediate cause Æ 1/2 (a), sleling the underlying Examiner 6 nseq cremation, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS 2 PERFORMED? writing the word Medical NO F pluods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I) of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm. forwarded to the Chi 20f. (City or fown) (County) (State) ٥ fectory, street, office bldg., etc.) While Not While et work et work prior xecute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection and in my opinion death resulted from? Netural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 220 BURIAL, CREMATION, 22b DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 940 p Evergreen Ce letery Schenedtady 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Orthur & House Inc. 5M 9/60 1 J. J.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

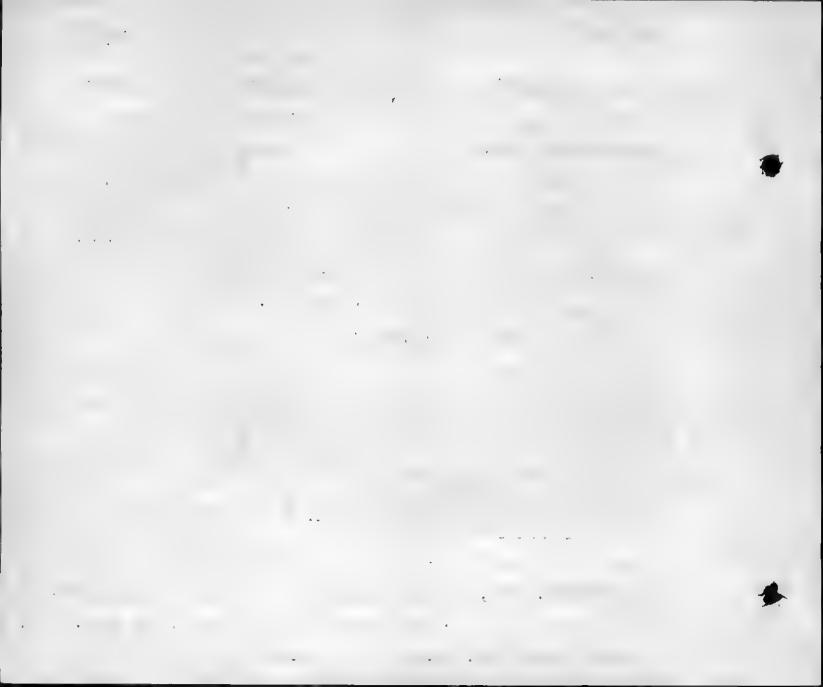
		12559	CERTIFICA	IE OF DEATH		12545
1	1, P	LACE OF DEATH			re deceased lived. If institution	: Residence before admission)
	l °	CHARLES	MARYLAND	O. STATE MARY	LAND 6. COUNTY	THARIES
	ь	o. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporote limits, write RUR	(AL and give nearest town)
		LA PENTA	24days	X BRYA	NTOWN/ (R	ORAL)
	d	NAME OF HOSPITAL (If not in hospital, give street of NSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A EARM?
		PHYSICIANS 1	MEMORCAL HOSP.			YES Z NO
	3. N	NAME OF First	Middle	lost	4. DATE Month	Day Year
		Type or print) HUCE	MARY	JAMESON	DEATH NOUE	1 - 1 - 1 - 1 - 1
	5 \$	EX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIÉD	B DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
		FIEMALE W-US WIDOWE		MAY 7,1878	83 yrs.	
	10a	USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU:	STRY 11 BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
		HOUSEWIFF	HOME	MARY	AND	V.S.
	13, 1	FATHER'S NAME		14. MOTHER'S MAIDEN NA	01	
)		YOHN F. MUDI)	EMOGE	NE MILE	5
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	7/ 71	IFORMANT	Addres	(
		NO -		OHN F. JAMES	BOW : TORYAN	TOWN, MD.
		18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	e for (o), (b), and (c)	10		ONSET AND DEATH
		IMMEDIATE CAUSE (o)	PONARY SCL	EROSIS (C'AH	RDIFCHBILURE	e) 3 WEEKS
		4201) DUE TO	/	D	C	/
		Conditions, if ony, which (b)	PHERALIZE	DITRICRIC	STACLE POSIS	10 years,
	П	couse (o), stoting the <u>under-</u> DUE TO lying couse lost	-			
	z	PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAI DISEASE CONDITION GIVE	N IN PART I(a) 19, WAS AUTOPSY
7	CATION	Page 1				PERFORMED?
į.	- F	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	ort I or Port II of item 18-)	
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	<	-		
	3	20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f (City or town)	(County) (State)
	MEDICAL	Hour a. m. While of work	INOI WILLIE	ctory, street, office bldg., etc.)		
		21 I certify that (I) (this haspital) attend	ed the deceased from a	JULY 19	Dio NOVEMENT	△19_6/. that (1) (ma) last
		saw the deceased alive an Never MEA				
		220 SIGNATURE		770		226 DATE
		John H Fredon	4	M D. ATTENDING MEI	ECTOR PHYS	SIGNED
		TIC PHYSIC AN'S NAME (Type)		22d. ADDRESS	,	
		JOHN H. GRIFF	IN	14 MC H	65 jd. 116, 1	1D.
	2 3a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or	county) (State)
		DURIAL 11/13/61	ST. MARY'S		BRYANTOWN,	Md
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
	\mathcal{H}	WATT FINERDI HEME	uland down	OL DATENOV	1 1 6 '61 Cirth	w., 2, , v.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may by the hospital or attending physician.

TO FUN. It DIRECTOR: After this certificate has been signed by the attending physician and completely find by the funeral director, page 3.5 hould be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59



1			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
FOR STAT	E		12560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12	2549
HEALTH DE	PT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution; Ras	denca befora admission)
Page Page Page Page Page Page Page Page			Charles County MARYLAND Maryland Char	rles
tor. In the state of He	N		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	jiva naarast town)
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eral of for	X			YES TO NO
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Ifical in TOP				and in my opinion
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MEI orwa DI			SIGNATURE SOLVER SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DE	DATE SIGNED
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onld blue		220	NAME (Type) HOWARD G. SHAUB BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	11/21/61 (Stata)
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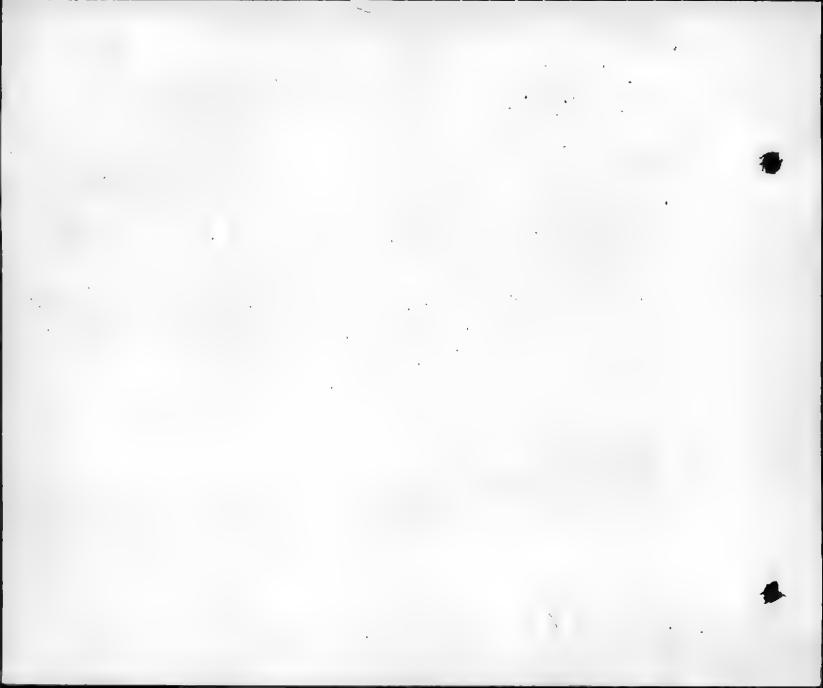


TO HOIPITAL OR ATTINDING PHYTICIAN: The law requires that the Teath certificate be exeruted within 24 haurs after deoth Tage 4 may b. Prained by the haspital an attending physician.

TO FUNITY DIRECTOR: After this certificate has been signed by the attending physician and campletely file. By the funeral director, page 3 frould be detoched for use as the burial-transit permit. Then please remave carbon papers. Page 11 d 2 shauld be skied with the State Board of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after deoth.

	MARYLAND STATE DEPARTME
12 - 11 5	DIVISION OF STATISTICAL RESEARCH AND RECORDS
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	MARYLAND STATE I 1256 I DIVISION OF STATISTICAL RESEARCH A CERTIFICA	THE PARTY OF THE PARTY.
	PLACE OF DEATH. COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Defore admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest [4] 4 4 4	c. CITY OR TOWN If autside carporate film/ts, wrute RURAL and give nearest town)
	or INSTITUTION HIS CIANS MENT.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	NAME OF EUGENE Middle	Lost 4. DATE Month Goy Yeor OF DEATH 11 6 1961
	6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Manths Days Haurs Min.
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	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	ive HeAR+ PAILUR ONSETAND DEATH
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AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18)
MEDICAL		LACE OF INJURY (Hame, farm, 20f. (City ar lown) (Caunty) (State) octary, street, affice bldg., etc.)
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1/	death accurred a ALM, from the causes and an the date stated above
	20 S GUATURE delen	M.D. PHYS. BY DIRECTOR STAFF SIGNED
	220 MANE MYPE E. J. EDELEN M.	DE A PLA+A M.
256	SEMOVAL ISPECIAL SPECIAL SPECI	Short Issue rud
24	Elepat Ive Lopla	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cuthur & Thanks



AND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I vad, if institution, Residence before edmiss on) a. COUNTY Health, director. Page MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL end give nearest town) **VMUL** 년 년 write RURAL and give nearest town) -HUGHESVILLE TO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? State YES NO 🔀 3. NAME OF First Middla 4. DATE Month Day OF the (Typa or print) DEATH 196/ with 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. mmy 2 2 with and 2 w last birthday in pencil in Item 18. Give Pages 1, 2, and Months Days DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ₽ag≡ 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) pages 1 within ■M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM File Svent along with form fransit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas. no. or unkown) | (Ifyas give war or datas of servica 18. CAUSE OF DEATH [Enter only one cause par line for INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) min ORDIVARY **DUE TO** burial HATERIO-SCLEROSIS MENERALI ZED Conditions, if any, which Ö gava rise to immadiate cause ro "pending" **DUE TO** (a), stating the underlying Examine causa last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:8- 19, WAS AUTOPSY PERFORMED? 2 cute the certificate, writing the word Medical NENE YES. NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Surial, CAUSE OF DEATH. NONE NUNE forwards to the Chief L DIRECTOR: Page 3 Month, Day, Year 20d, INJURY OCCURRED 20c. TIME OF INJURY 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straet, office bldg., atc.) 2 While Not While at workwork prior Inspection X 2) I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry X agent, death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PUNEBAL HCT/WCDEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) shoc NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) 22a. BURIAL, CREMATION. **DATE THEREOF** (Stata) BURIAL (Specify) A 능 O a O REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 9 VS. A15ME

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to police 1-5 co Trul Ty the say in bridges Cliffer . 1.7 will by me is to be a few in the

12563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BUL NO 22a film G302 Page 4 should 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Charles MARYLAND b. CITY OR TOWN (If outside corporate firmits, write RURAL c. LENGTH OF STAY IN 15 c. SHX OR TOWN (If outside corporate limits, write RURAL and give nearest town) ğ 58-Yrs Grayton O eclor. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO NAME OF Middle Last 4. DATE Month Day Yeor DECEASED (Type or print) DEATHT Laura C. Montaromery 22_67 19 Ö 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last berthday) Months Dave Hours Min. WIDOWED | DIVORCED T Negro Female yes. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA. Midwifa Medicine Washington D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Cunningham Sarah Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT Address yes, give wor or dates of service) William Thomas None 1B. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which I gove rise to immediate cause **DUE TO** (o), stoting the underlying couse last. WART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO I 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 120f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not while Hour 6 m While of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy \(\preceq\). Inspection A Inquiry IXI, and find that death resulted from: Natural causes 17 Accident . Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 17 220. BURIAL CREMATION. 22b. DATE THEREOF 224 NAME OF CEMEZERY, OR CREMATORY 22d/LOCATION (City, town, or county) (Stote) Buried (Specify) 0 23-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) ce they S. Himes 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	re deceased lived. If institution and b. COUNTY	Residence before admission) Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress town)	c. LENGTH OF STAY IN 16	II a	tside corporote limits, write RU lata	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION . Thy sicans Men. losp:	oddress) ital	d. STREET ADDRESS 10 Oakwood**		e is residence on a farma yes No
3. NAME OF First DECEASED (Type or print) Nannie	Middle Bowling	ROPES	4. DATE OF NOW	5 196/
S SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH Feb. 17, 18	1 1 1 1 1 1 1 1 1	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE	at Home	Aqua sco	Maryland	U.S.A.
E. Gill Bowling		Nannie I		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give war or doles of service]		NFORMANT s. Romeo Free:	Addre	
18. CAUSE OF DEATH (Enter only one couse per line part 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last (c)	Earling re Caremon	section (ne colon) tu flefin	belage.
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHE	CRIBE HOW INJURY OCCURRE			IN IN PART I(o) 19. WAS AJTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d II Hour a. m. 19 While of war	Not while fo	ACE OF INJURY (Home, farm, ctary, street, affice bldg , etc.)		(County) (Stote
21 I certify that (I) (this haspital) attends aw the deceased alive an	19.6/ and that a	death accurred at 7.27	Arom the causes and	d an the date stated abave
22c PHYSICIAN'S NAME (Type) FUM,	JOHNSON H	MD ^{22d.} ADDRESS	Plata	Medi
230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 11/3/1961	Mt. Rest Con		La Plata, M	aryland
Cheffant Funeral Home Inc	1 Plata	25a. RECO		TRAR'S SIGNATURE



2. USUAL RESIDENCE (Where dacessed in d. If institution Rus dance before edmission) 1. PLACE OF DEATH / a. COUNTY e. STATE **b.** COUNTY MARYLAND Florida b. CITY OR TOWN (if outside corporete l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nairest town) write RURAL and give neerast town) Charles-County Ft. Lauderdale Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3. NAME OF Physician's Memorial Hospital YES NO Z Bonita Drive DATE DECEASED OF the (Type or print) DEATH SALVO November 16. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED ! DIVORCED 10s. JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if refired) pages 13. FATHER'S NAME 15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORMANT (Yes, yo, or unkown) | fiyasgive war or dates of service Office along w buriel-transit p 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Crushed Chest DUE TO Conditions, if any, which gave rise to immediate cause 40 **DUE TO** (e), stating the underlying causa last. PART I . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 91, 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chief Medical I age 3 should be to burial, cremal NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert | or Pert | of Item 18.) PRIMARY IN or CONTRIBUTING CAUSE OF DEATH. Driver of auto in two car collision to the Chie 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While et work et work prior LaPlata, Maryland Route 21. I certify that I took charge of the remains described above, held an Autopsy 12. Inspection and in my opinion Inquiry forwarded has DIRECTC safed agent, p Natural Acauses death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER SHAUB. HOWARD Address (Streat city town or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON City, lown, or country) (Stata) E40 P VS. ATSME C' Lun & Kraus 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



12566MEDICAL EXAMINER'S CERTIFICATE OF DEATH ay is necessory, pleose exe-director. Poge 4 should be cremotion Reg. Dat Ale PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) HARLES o. COUNTY **b. COUNTY** O. STATE NEW YORK MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BARKLEY HTS A PLATA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Howard Johnsons Motel. YES NO TL NAME OF Middle DATE Month Year DECEASED KENHETH ROLAND DEATH MUU 19 61 (Type or print) for 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH Months Days Hours WIDOWED [7] DIVORCED | YEL. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sheet Werter Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? Barkley HE NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY ő PERFORMED? Ö YES 🔲 NO F 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 0. m. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry | the Chief RECTOR: death resulted fram: Natural causes 14. Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O. WOODDY DEPUTY MEDICAL EXAMINER NAME (Type) BOR AL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 0 UNERAL DIRECTOR'S SIGNATURE ADDRESS 746. REGISTRAR'S SIGNATUR 240, REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH 1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where decased lived, if institution Residence before edmission) ry delay is necessity delay is necessity delay is necessity of the contract of e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN lif outs de comprate lim to c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURA and give rearest lown) d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar o. IS RESIDENCE ON A FARM? YES NO 3. NAME OF M ddla DECEASED (Type or print) DEATH 19 may be 2 with 1 B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. s 1, 2, and 3 t age 5 may b 1 and 2 with 72 hours aft NEVER MARRIED last bimbday) DIVORCED J dawodiw 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if refired) File pages 1 aventhin 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WATE LEGENSED EVER IN U.S. ARMED FORCES? Address James AS LE 1 16. SOCIAL SECURITY NO. 1 17. (If yes give war or detes of service) Examiner's Office along with a used as a burial-transit permi in pencil in Item 1 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) INTERVAL BETAVEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO TNITURICS. (b) "pending" gave rise to immediate cause DUE TO (a), stating the underlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19. WAS AUTOPSY CERTIFICATION PERFORMED? ecute the certificate, writing the word be forwarded to the Chief Medical E NO P should 20a. EXTERNAL CAUSE WAS 2Db, DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Port I or Part II of Item 18.) PRIMARY T or CONTRIBUT NG d be forwarded to the Chief Me IERAL DIRECTOR: Page 3 sho asignated egent, prior follourial, CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) No+ While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection * Mauiry and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spec fy) LMOUAL ADDRESS 246, REC'D BY REGISTRA'R a-thun & thousa



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1. PLACE OF DEATH o. COUNTY MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marbury Md Charles						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Man batter	neorest town}		Marbury								
d. NAME OF HOSP OR INSTITUTION		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NOTE				
3. NAME OF DECEASED (Type or print)	Fig.		. Middle		Lost	4. DATE OF DEATH	Mont		Da	•	Year 19
S. SEX			HED WEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDE	_
Male	W-US	WIDOW			-8-1883		lost birthdoy) 78 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPAT	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITI	ZEN C	F WHAT	COUNTRY
Retired Go		TRY 11. BIRTHPLACE (State or foreign country) 12. CII Crossroads Md USA									
13. FATHER'S NAME		- 1 - 22	an facturing		4. MOTHER'S MAIDEN			0000			
1/4774	llexander W			12	nknown						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia: /53.2 DUE TO Conditions, if any, which apper rise to immediate (b) Carcinoma Descending Colon									Indian Head, M INTERVAL BETWEEN ONSET AND DEATH ONG YOUR TINDESTINATION		
cottse (a), stating lying couse last	the under-	:}	CONTRIBUTING TO DEATH	H BI IT NO	T DELATED TO THE TERM	Albiai Diccai	SECONDITION CIVE	CALLINA BADT	16013	O WAS	ALITORCY
General 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF		used	by anemia &	and m	alnutrition	a unah	le to take			PERFO	RMED?
20c. TIME OF INJU Hour o. m. p. m.		ar 20d. Il White of wor	Not while	le. PLACE foctory	OF INJURY (Home, for, street, office bldg., et	m, 20f. (Cit	y or town)	(C	ounly)		(Stote)
alive on 17	hat I attended the	5 T	ed from 5-10-61 and that d	eath ac	., 19, to 17. coursed at 3:301	MM, from	m the causes as street, city or town, s	nd an th		te state	
	ON, 226. DATE THEREC)F	22c. NAME OF CEMETE Park Hill				TION (City, town, or	**	1	(Stote	e)

24a. REC'D BY REGISTRAR

DATE NOV 2 9 '61

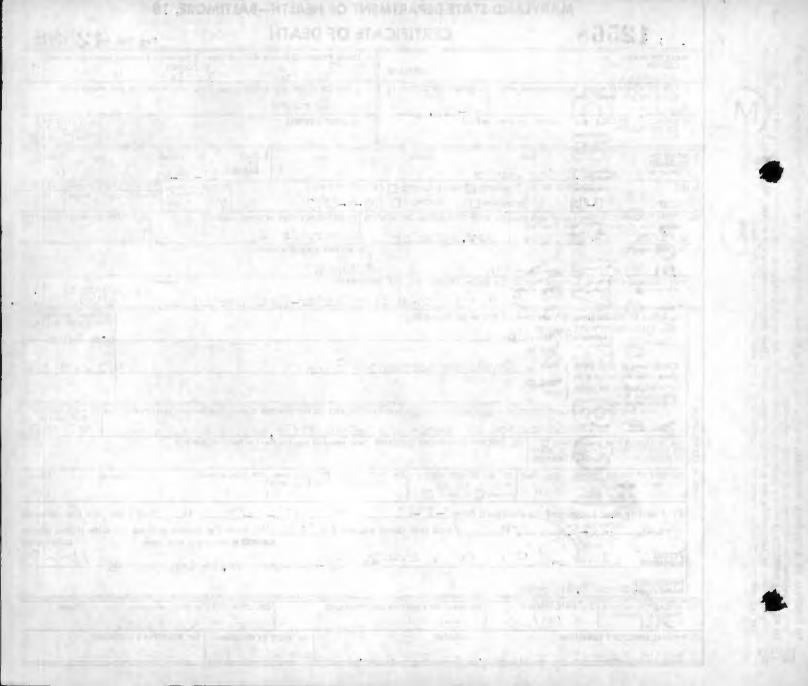
24b. REGISTRAR'S SIGNATURE

arthur S. Hours

ADDRESS

VS A1S (4) 15M 9/5S 23. FUNERAL DIRECTOR'S SIGNATURE

Archart Funeral Home . Inc. La Plata



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown) director. your write RURAL end give neerest town) TO NEWBULG

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddross) Board Por e. IS RESIDENCE ON A FARM? e State YES NO death. 3. NAME OF Middle 4. DATE Month Day Yeer. DECEASED OF (Type or print) DEATH with 6 COLOR OR RACE SEX AGE (In years | IF UNDER I YEAR) and 3 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 2 with lest birthdey) Months Hours DIVORCED bol 72 ho USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Give Pages **Selbed** 13. FATHER'S NAME form PM3. This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) AULKNER, in them 18. CAUSE OF DEATH [Enter only one cause pestine for (e). along fransit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) in pencil Office **DUE TO** burial Conditions, if any, which (b) "pending" gove rise to immediate couse Ø **DUE TO** (a), stating the underlying Examiner Sign couse lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116/1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word cremat Medical NO YES pluods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. execute the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 MEDICAL Month, Dey, Year 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 2 While Not While Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Pin NAME (Type) Address (Street, city, town, or county) 220. SURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) ö 0 246. REC'D BY REGISTRAK | 24b, REGISTRAR'S SIGNATURE VS. A15ME Cirthur S. Kraus 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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